UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

PROCESSED

JAN 28 2009

TEMPORARY FORM D

OMB Number: Expires: November 30, 2008 Estimated average burden hours per response . . . 4.00

THOMSON REUTERS NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/O	R					
UNIFORM LIMITED OFFERING EXEMPTION						
Name of Offering (check if this is an amendment and name has changed, and indicate of Offering of Limited Partnership Interests	war rocesing					
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐	Section 4(6) ULOE Section					
Type of Filing: □ New Filing ☐ Amendment	JAN 14 ZUUS					
A. BASIC IDENTIFICATION DA						
Enter the information requested about the issuer	Washington, DC					
Name of Issuer (check if this is an amendment and name has changed, and indicate checketone Advantage Partners LP	ange. 117					
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Freestone Investments LLC, 1191 Second Avenue, Suite 2100, Seattle, WA 98101	Telephone Number (Including Area Code) (206) 398-1100					
Address of Principal Business Operations (Number and Street, City. State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)					
Brief Description of Business Private investment company						
7,8	other (please specify): Cayman Islands exempted ompany					
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbrevious CN for Canada; FN for other foreign jurisdictions)						
GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amend 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirement Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Re 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address giver due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 2054	ment to such a notice in paper format on or after September 15, notice using Form D (17 CFR 239.500) but, if it does, the issuer to of § 230.503T. In the such a notice is deemed filed with the U.S. Securities and a below or, if received at that address after the date on which it is					

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy. Of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

SEC 1972 (9-08)



A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; Each general and managing partner of partnership issuers. □ General and/or □ Director Check Box(es) that Apply: Promoter □ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Freestone Investments LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1191 Second Avenue, Suite 2100, Seattle, WA 98101 ☐ General and/or Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Freestone Capital Management LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1191 Second Avenue, Suite 2100, Seattle, WA 98101 □General and/or Check Box(es) that Apply: □ Beneficial Owner □ Director Managing Partner of General Partner Full Name (Last name first, if individual) Furukawa, Gary Business or Residence Address (Number and Street, City, State, Zip Code) c/o Freestone Investments LLC, 1191 Second Avenue, Suite 2100, Seattle, WA 98101 □General and/or □ Executive Officer □ Director Check Box(es) that Apply: □ Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Freestone Capital Holdings LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1191 Second Avenue, Suite 2100, Seattle, WA 98101 □General and/or □ Beneficial Owner □ Director Check Box(es) that Apply: □ Promoter Managing Partner of General Partner Full Name (Last name first, if individual) Morgan, Erik Konrad Business or Residence Address (Number and Street, City, State, Zip Code) c/o Freestone Investments LLC, 1191 Second Avenue, 2100, Seattle, WA 98101 □ Executive Officer □General and/or Check Box(es) that Apply: Beneficial Owner □ Director □ Promoter Managing Partner Full Name (Last name first, if individual) Sienna Financial Services, LLC

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

□ Executive Officer

□ Director

☐General and/or Managing Partner

⊠ Beneficial Owner

Business or Residence Address (Number and Street, City, State, Zip Code)

□ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Freestone Capital Holdings, LLC, 1191 Second Avenue, Suite 2100, Seattle, WA 98101

c/o Freestone Capital Holdings, LLC, 1191 Second Avenue, Suite 2100, Seattle, WA 98101

Check Box(es) that Apply:

The Sienna Group, LLC

Full Name (Last name first, if individual)

	A. I	BASIC IDENTIFICA	TION DATA				
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of 							
equity securities of the			•				
• •	 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; 						
 Each general and manage 	ging partner of par	rtnership issuers.					
Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner	— ———————————————————————————————————	☐General and/or Managing Partner			
Full Name (Last name first, if in Sienna Management LLC	ndividual)						
Business or Residence Address c/o Freestone Capital Holdings, I			WA 98101				
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	— — — — — — — — — — — — — — — — — — —	☐General and/or Managing Partner			
Full Name (Last name first, if in Svenson, Scott Trimble	ndividual)						
Business or Residence Address c/o Freestone Capital Holdings, I			WA 98101				
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner		□General and/or Managing Partner			
Full Name (Last name first, if in Greene, Janice	ndividual)						
	Business or Residence Address (Number and Street, City, State, Zip Code) c/o Freestone Investments LLC, 1191 Second Avenue, Suite 2100, Seattle, WA 98101						
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner		☐General and/or Managing Partner			
Full Name (Last name first, if i	ndividual)		···				
Business or Residence Address	(Number and Stre	eet, City, State, Zip Cod					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer ☐ Director	☐General and/or Managing Partner			
Full Name (Last name first, if i	ndividual)						
Business or Residence Address	(Number and Stre	eet, City, State, Zip Cod					
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer ☐ Director	☐General and/or Managing Partner			
Full Name (Last name first, if i	ndividual)						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING						
Yes 1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit?						
4. Enter the information requested for each person who has been or will be paid or given, directly or indirect commission or similar remuneration for solicitation of purchasers in connection with sales of securities offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be list associated persons of such a broker or dealer, you may set forth the information for that broker or dealer N/A	in the ne SEC sted are					
Full Name (Last name first, if individual)						
OUNAVARRA CAPITAL LLC (CRD # 143381)			 .			
Business or Residence Address (Number and Street, City, State, Zip Code)						
410 PARK AVENUE, SUITE 1520, NEW YORK, NEW YORK 10022 Name of Associated Broker or Dealer						
Traine of Associated Broker of Source						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	States					
[RI] [xSC] [xSD] [TN] [xTX] [xUT] [VT] [xVA] [xWA] [xWV] [xWI] [WY] [PR]						
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
Name of Associated Broker or Dealer						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	States					
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
Name of Associated Broker or Dealer						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers						
(Check "All States" or check individual States)	States					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1.	Enter the aggregate offering price of securities included in this offering and the total amount	USE OF PE	COCEEDS
••	already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offer-		
	ing, check this box and indicate in the column below the amounts of the securities of-		
	fered for exchange and already exchanged.		A A lunn dee
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ -0-	\$ -0-
	Equity: \$	-0-	\$ -0-
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$ -0-	\$0-
	Partnership Interests	\$ 1,000,000,000*	\$ 73,154,317**
	Other (Specify)	\$ -0-	\$ -0-
	Total	\$ 1,000,000,000*	\$ 73.154.317**
		1,000,000,000	—
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities		
	in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule		
	504, indicate the number of persons who have purchased securities and the aggregate dollar		
	amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	NT 1	
		Number	Aggregate Dollar Amount
		Investors	Of Purchases
	Accredited Investors	86***	\$ 73,154,317**
	Non-accredited Investors	0	\$ 0
	Total (for filings under Rule 504 only)	N/A	\$ N/A
	Answer also in Appendix, Column 4, if filing under ULOE	11//1	
	Answer also in Appendix, Column 4, it ming under Obob		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all		
	securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12)		
	months prior to the first sale of securities in this offering. Classify securities by type listed		
	in Part C-Question 1.		
	Type of offering	Туре	Dollar Amount
	D 1 404	Security	Sold
	Rule 505	N/A	\$ <u>N/A</u>
	Regulation A	N/A	\$ N/A
	Rule 504	N/A	\$ N/A
	Total	N/A	\$ <u>N/A</u>
A	a. Europiah a statement of all auropeas in accuracion with the incurred and distribution of the		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the		
	issuer. The information may be given as subject to future contingencies. If the amount of an		
	expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$ 3,000****
	Legal Fees		\$ 40,000****
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (Specify finder's fees separately)		\$
	Other Expenses (identify) Filing fees	⊠	\$ 5,000****
	Total	⊠	\$ 48,000****
₹Tł in l	ne issuer is offering an unlimited dollar amount of limited partnership interests to accredited investors. The issuer does not imited partnership interests. Actual sales may be significantly lower.	t expect to sell in exc	ess of \$1,000,000,000

^{**} This amount represents the number of investors as of September 30, 2008 and does not include investors who have withdrawn their limited partnership interests

since the inception of the offering.

****These amounts are estimates for expenses that occurred prior to the commencement of the offering. Similar expenses may be incurred in connection with the ongoing offering.

	C. OFFERING PRICE, NUM	ABER OF I	NVESTOR	S, EXPENSES	S ANI) USE	OF I	<u>PRO</u>	CEEDS		
	b. Enter the difference between the a Question 1 and total expenses furnished the "adjusted gross proceeds to the issue	d in response to	Part C-Questi	on 4.a. This differ	rence is			<u>\$99</u>	\$999,952,000*		
5.	Indicate below the amount of the adju- for each of the purposes shown. If an estimate and check the box to the le equal the adjusted gross proceeds to a above.	f the amount for the fit of the estimat	or any purpos e. The total of	se is not known, f the payments liste	furnish ed must						
						Direct	cers,		Payments To Others		
	Salaries and fees			·····		\$			\$		
	Purchase of real estate					\$ 0.00			\$		
	Purchase, rental or leasing and ins	stallation of mac	hinery and equ	ipment		\$ 0.00			\$		
	Construction or leasing of plant by Acquisition of other businesses (in	ncluding the val	ue of securities	s involved in		\$ 0.00		0	\$		
	this offering that may be used in e another issuer pursuant to a merge	exchange for the	assets or secu	rities of		\$ 0.00			\$		
	Repayment of indebtedness		•••••			\$ 0.00		🗆	\$		
	Working capital			***************************************		\$ 0.00			\$		
	Other (specify) Investment Capit	tal				\$ 0.00	<u></u> .	🛭	\$ <u>999.952,000*</u>		
						\$ 0.00			\$		
Column Totals			\$ 0.00		— ⊠	\$ 999,952,000*					
Total Payments Listed (column totals added)					⊠		9,952,000*				
	· · · · · · · · · · · · · · · · · · ·	D. FEDI	ERAL SIG	NATURE							
foil	issuer has duly caused this notice to be sowing signature constitutes an undertakinest of its staff, the information furnished	ing by the issue	r to furnish to	the U.S. Securities	and Ex	change (Comm	iission	, upon written		
	er (Print or Type)	Signature	1		Date						
	estone Advantage Partners LP ne of Signer (Print or Type)	Title of Signe	r (Print or Typ		ecembe	r_27_	, 200	8			
	ice Greene			of Freestone Inves	tments.	LLC, it	s gene	ral Pa	artner		
		- -	1	·	· ·	,	6				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

*The issuer is offering an unlimited dollar amount of limited partnership interests to accredited investors. The issuer does not expect to sell in excess of \$1,000,000,000 in limited partnership interests. Actual sales may be significantly lower.

